क्षय रोग का इलाज

1811. **श्री सत्य प्रकाश मालवीय :** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्षयरोग की रोकथाम के लिए क्या उपाय किए गए हैं ;

(ख) क्षय रोग कितने प्रकार के होते हैं ;

(ग) देश में क्षय रोग से ग्रस्त रोगियों का ब्यौरा क्या है ; और

(घ) क्षय रोग से ग्रस्त रोगियों के उपचार के लिए किए गए प्रबन्धों का ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी०के० तारा देवी सिद्धार्थ) : (क) राष्ट्रीय क्षय रोग नियंत्रण कार्यक्रम के अंतर्गत देश के 387 जिलों में जिला क्षयरोग केन्द्र खोले गए हैं । इसके अलावा लगभग 300 क्षयरोग क्लीनिक कार्य कर रहे हैं ; आपातकालिक तथा गंभीर रूप से बीमार रोगियों के लिए लगभग 47,000 क्षयरोग पलंग हैं । बी०सी०जी० का टीका एक निवारक उपाय के रूप में दिया जा रहा है । क्षयरोग के निवारण और नियंत्रण के बारे में स्वास्थ्य शिक्षा का प्रचार प्रसार भी किया जा रहा है ।

(ख) क्षयरोग मुख्यत. फुस-फुस का अथवा फेफड़े का दो प्रकार का होता है जो क्षयरोग की सबसे सामान्य किस्म है और एक फुण-फुसेतर प्रकार का क्षयरोग होता है जिसमें फेफड़ों के सिवाय अन्य अंग रोगग्रस्त होते हैं ।

(ग) वर्ष 1955–58 के दौरान भारतीय आयुर्विज्ञान अनुसंधान परिषद द्वारा किए गए राष्ट्रीय नमूना सर्वेक्षण तथा उसके पश्चात् किए गए सीमित सर्वेक्षणों के अनुसार अनुमान है कि देश में लगभग 1.5 प्रतिशत आबादी विकिरण सक्रिय क्षयरोग से पीड़ित है जिसमें से लगभग 1/4 अर्थात 0.4 प्रतिशत आबादी थूक पॉजिटिव अथवा संक्रामक हैं ।

(घ) राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम के अंतर्गत सभी निदान-कृत क्षयरोग के रोगियों के लिए मौजूदा सामान्य स्वास्थ्य आधारभूत ढांचे के जरिए घर पर ही उपचार सुविधाएं मफ्त प्रदान की जाती हैं । देश में रिफम्पिसिन तथा पाइरेजिनेमाइड जैसी अत्यधिक क्षमता वाली औषधों वाली अल्पावधि केमोथिरेपी चरण-वार ढंग से शुरू की जा रही है । अब तक 253 जिलों को अल्पावधि केमोथिरेपी रेजिमेन के अधीन किया गया है ।

Achievements of Family Welfare Programme

1812. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some States are not serious in implementing family welfare programme;

(b) if so, the names of such States and

(c) the percentage of achievements of the programme by each State and Union Territory?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (c) The National Family Welfare Programme is 100 per cent centrally funded and is being implemented on a voluntary basis. The implementation of the Programme rests with the States/Union Territories and the level of performance varies from State to State and from year to year. However, the performance of States/Union Territories under the Family Welfare Programme can be assessed in terms of the targets and achievements insofar as different Family Planning methods and Maternal and Child Health Care activities are concerned. Accordingly, a set of Statements giving targets and percentage achievements thereof during 1991-92 in respect of various family planning methods and Maternal and Child

Health Care activities based on the reports so far received from the States/Union Territories is given in the Annexure. [*See* Appendix CLXIII, Annexure No. 35].

Supply of contaminated Life Saving Fluids

1813. SHRI VIREN J. SHAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to news-item published in the Indian Express of 25th April, 1992 under the caption "Life saving fluids found contaminated";

(b) whether it is a fact that the dextrose supplied to the ICCU of Safdarjung Hospital, New Delhi was found contaminated with fungus which was to be injected to heart patients;

(c) if so, what are the details in this regard;

(d) the name of the supplier of the above life-saving fluids to the Hospital;

(e) the name of the manufacturer thereof; and

(f) what action Government have taken in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) to (e) The Intensive Cardiac Care Unit of Safdarjung Hospital has reported that one bottle of Injection Dextrose 5 per cent manufactured by M/s. Uttar Pradesh Drugs & Pharmaceutical Ltd. Lucknow had developed contamination/fungus.

(f) The use of the batch in question has been suspended and the Drugs Controller, Delhi Administration, has collected the samples for analytic tests.

Downgrading of Posts in AIIMS

1814. SHRI VIREN J. SHAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to downgrade thirtyone posts of Additional Professors and Associate Professors in the All India Institute of Medical Sciences (AIIMS), New Delhi;

(b) if so, what are the details in this regard;

(c) what are the reasons therefor;

(d) to what extent it is likely to affect the career of the doctors in the Institute; and

(e) what is their reaction in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) The information is given in the attached statement. (*See* below).

(c) to (e) The new Assessment Promotion Scheme has been implemented in the AIIMS *w.e.f.* 1-7-1989, which provides for hundred per cent promotion for Assistant Professors to Associate Professors after 4 years of service in the grade and 75 per cent of the eligible Associate Professors, who have completed 4 years of service in the grade, for promotion as Additional Professors. In view of the Assessment Promotion Scheme the faculty members will now be eligible for time bound promotion subject to fitness and direct recruitment would be only at the level of Assistant Professors and Additional Professors.